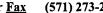
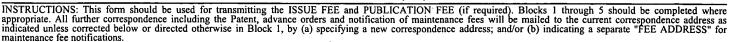
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(571) 273-2885 or Fax



maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Wayne L Ellenbogen Ryan, Mason & Lewis llp 90 Forest Avenue Locust Valley, NY 11560

08/08/2005 MBEYENE2 00000184 500510

09670295

07/14/2005

01 FC:1501

1400.00 DA

7590



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/670,295	09/26/2000	Yuan-Chi Chang	YOR9-2000-0460US1	3349

TITLE OF INVENTION: METHOD AND APPARATUS FOR NETWORKED INFORMATION DISSEMINATION THROUGH SECURE TRANSCODING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	10/14/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	·
ZAND, KAMBIZ		2132		713-153000	•	
CFR 1.363).  Change of correspon Address form PTO/SB/1  Fee Address indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI	ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B	Correspondence ation form e of a Customer	(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.  T (print or type)  Dear on the patent. If an assign for filing an assignment.	a member a less of up to no name is 3	e V. Doughert
•	Business Machine	es Corpora	tion	CE: (CITY and STATE OR CO Armonk, NY patent):	·	roup entity 🚨 Government
_	e enclosed: small entity discount permitte of Copies	ed)	Payment	Fee(s): in the amount of the fee(s) is en by credit card. Form PTO-2038 ector is hereby authorized by count Number50-0510	3 is attached.	r credit any overpayment, to
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See his requested to apply the Issu Publication Fee (if required) words of the United States Pate	37 CFR 1.27.	☐ b. Applie	cant is no longer claiming SMA  ny) or to re-apply any previousle other than the applicant; a regi	LL ENTITY status. See 37 (	CFR 1.27(g)(2).
Authorized Signature	Wayned.	llenboger		Date	August 3, 20	05

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name\_

Registration No.